

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

<b>Get a copy of your medical record</b>	<ul style="list-style-type: none"> <li>You can ask to see or get a copy of the health information we have about you. Your request must be in writing and your identity must be verified.</li> <li>In most cases, we will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing, your identity must be verified, and you must explain your reason for the amendment.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example using your home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.</li> </ul>
<b>Get a list of those with whom we’ve shared your information</b>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures in the list required by federal law.</li> <li>We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for and receive a paper copy of this notice at any time, at any Grand Traverse County Health Department service location.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> </ul>

	<ul style="list-style-type: none"> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us or the U.S. Department of Health and Human Services Office for Civil Rights. See “How to File a Complaint” on page 4 of this notice for directions.</li> <li>Individuals may file a complaint without fear of retaliation or a decrease in the quality of services from Grand Traverse County Health Department.</li> </ul>

## Your Choices

**For certain health information, you can tell us what we can share and we will follow your instructions.**

<b>You have the right to tell us to:</b>	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or any other person that you identify as being involved in your care.</li> <li>Share information in a disaster relief situation</li> </ul> <p><i>Note: If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<b>You must give us written permission for us to:</b>	<ul style="list-style-type: none"> <li>Share your information for marketing purposes</li> <li>Sell your information</li> </ul>

## Our Uses & Disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

<b>To Provide Treatment</b>	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals who are treating you.</li> </ul>	<b>Example:</b> If we send a specimen to an outside laboratory for testing, we would need to share your name with the lab in order to match you to the result of the test.
<b>To Run the Health Department</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<b>Example:</b> We may review health information of many clients and change how we run our clinic to increase the efficiency. Or we may use your information to contact you to remind you of a scheduled appointment.
<b>To Bill for Services</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans and other entities.</li> </ul>	<b>Example:</b> We may give information about you to your health insurance plan so they can pay for services you received.

**How else can we use or share your health information?** We are allowed, and in certain cases required, to share your information in other ways. These cases often contribute to the well-being of the community, such as public health and research as listed below. We have to meet many conditions in the law before we can share your information for these purposes.

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• Under certain circumstances, we may disclose information to researchers when their research has been approved by an institutional review board that has established rules to ensure the privacy of your health information.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we are complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address worker's compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For worker's compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits or legal action</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of this notice.
- We will not use or share your information other than as described here unless you provide a written request for us to use/share the information in a specific manner (i.e. provide written authorization).
- You can stop what you previously requested by notifying us in writing (i.e. revoke a previous authorization). Information that has already been used/shared during the time frame that a valid authorization was in place is not able to be revoked.

## HOW TO GET MORE INFORMATION

For more information on your health information rights, see the following website:

### HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Health Department or with the U.S. Department of Health and Human Services.

To file a complaint with the Grand Traverse County Health Department by phone or in writing, please contact the Privacy Contact. If you are sending a letter please include the date(s) of your concern, contact information, and describe how you feel your patient privacy or security was violated. You may also contact our Privacy Contact for further information about the complaint process or any questions about this document.

Mailing Address: Laura Laisure R.N., Privacy Contact  
Grand Traverse County Health Department  
2600 LaFranier Road Traverse City, MI 49686  
[llaisure@gtchd.org](mailto:llaisure@gtchd.org)  
Phone: 231-995-6111

You also have the right to file a complaint with the Office for Civil Rights at:

Mailing Address: Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

### CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice. The changes will apply to all information we have about you. We will provide you with a revised copy upon your request, by mail or in person. You may also visit our website, [gtchd.org](http://gtchd.org). The new notice will also be posted at all Grand Traverse County Health Department Service Locations.